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Bib Data Sheet

SERIAL NUMBER 10/751,726	FILING DATE 01/05/2004 RULE	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO.										
APPLICANTS Regina Frances Dillard, Laurel, MD;														
** CONTINUING DATA ***** <i>NDNR AT</i>														
** FOREIGN APPLICATIONS ***** <i>NDNR AT</i>														
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/07/2004														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> STATE OR COUNTRY MD </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> SHEETS DRAWING 6 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> TOTAL CLAIMS 14 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> INDEPENDENT CLAIMS 1 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Verified and Acknowledged Examiner's Signature <i>AT</i> Initials <i>AT</i> </td> <td colspan="4"></td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 6	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1	Verified and Acknowledged Examiner's Signature <i>AT</i> Initials <i>AT</i>				
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Verified and Acknowledged Examiner's Signature <i>AT</i> Initials <i>AT</i>														
ADDRESS REGINA HARRIS 15420 dacosta Detroit , MI 48223														
TITLE Reprove prepaid credit card														
FILING FEE RECEIVED 385	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-right: 1px solid black; padding: 5px;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 40%; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit								
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